

KENTUCKY REGISTRY OF ELECTION FINANCE

140 WALNUT STREET, FRANKFORT, KENTUCKY 40601-3240
(502) 573-2226 / FAX (502) 573-5622
www.kref.ky.gov

STATE EXECUTIVE COMMITTEE**ELECTION FINANCE STATEMENT
COVER PAGE****1. Committee Name:**

Political Party Affiliation:

2. KREF Filer #:

This Space for Registry Use Only

Logged _____ Keyed _____

3. Chairperson's Name and Mailing Address:

Daytime Phone Number: (____)____-_____

4. Treasurer's Name and Mailing Address:

Daytime Phone Number: (____)____-_____

5. Custodian's Name and Mailing Address:

Daytime Phone Number: (____)____-_____

6. Type of Statement:**a.** ☐ 30-day Post Election

Statement relates to:

b. ☐ AMENDMENT for _____
(Indicate which report is being amended)☐ Primary ☐ Runoff ☐ General
Primary**7. This Statement Covers:**From: _____
Month - Day - YearTo: _____
Month - Day - Year**NOTE: USE ONLY THOSE PAGES WHICH APPLY
TO THE COMMITTEE. YOU MAY DUPLICATE
SCHEDULES AS NEEDED.****8. Verification:** I certify that I have examined this Election Finance Statement and to the best of my knowledge and belief it is true, correct, and complete.**NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of KRS 121.990.**Committee
Chairperson orTreasurer: _____
Type or Print Name Authorized SignatureDate: _____
Month - Day - Year

SUMMARY PAGE

Committee Name: _____ KREF Filer # _____ Period From: _____ To: _____

RECEIPTS

	COLUMN I THIS PERIOD GENERAL FUND	COLUMN II INCOME TAX CHECK-OFF FUNDS POST-GENERAL REPORTING MANDATORY	COLUMN III THIS PERIOD ADMINISTRATIVE FUNDS	COLUMN IV CUMULATIVE THIS YEAR
1. CONTRIBUTIONS: (including all receipts from Fundraisers)				
a. Itemized by check or written instrument (Schedule 1, Item 7a)	\$ _____			
b. Other receipts (Schedule 1, Item 7c)	+\$ _____	\$ _____		
c. Receipts in currency (Number of People _____) (Individual cash contribution limit is \$50)	+\$ _____			
d. Anonymous (Number of People _____) (Maximum \$50 per contribution)	+\$ _____			\$ _____ (\$1,000 MAXIMUM PER ELECTION)
e. Unitemized contributions (Number of People _____) (Contributions by check of \$100 or less)	+\$ _____		\$ _____	
f. Itemized by check or written instrument (Schedule 1, Item 7b)			\$ _____	\$ _____
g. Income Tax Check-off receipts (Schedule 1, Item 7d)		=\$ _____		+\$ _____
2. TOTAL RECEIPTS	=\$ _____	\$ _____	\$ _____	\$ _____

DISBURSEMENTS

3. a. General Fund Disbursements (Schedule 2, Item 7a)	\$ _____			\$ _____
b. ITC Fund Disbursements (Schedule 2, Item 7b)		\$ _____		\$ _____
c. Admin Fund Disbursements (Schedule 2, Item 7c)			\$ _____	\$ _____

IN-KIND CONTRIBUTIONS

4. a. In-kind Contributions Received (Schedule 1A, Item 7a & 7b)	\$ _____			\$ _____
b. In-kind Contributions Given (Schedule 2A, Item 7)	\$ _____			\$ _____

DEBTS AND OBLIGATIONS

5. Total Debts and Obligations (Schedule 4, Item 10)	\$ _____
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BALANCE STATEMENT

6. Ending balance of last report (Enter -0- if no previous report)	\$ _____	\$ _____	\$ _____
7. Amount received during reporting period (Line 2)	+\$ _____	+\$ _____	+\$ _____
8. Sub-Total (Add lines 6 and 7)	=\$ _____	=\$ _____	=\$ _____
9. Amount disbursed during reporting period (Line 3)	-\$ _____	-\$ _____	-\$ _____
10. ENDING BALANCE (Subtract Line 9 from Line 8)	=\$ _____	=\$ _____	=\$ _____

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						2. KREF Filer #:				
4. Name and Address from Whom Received. Receipts in excess of \$100 <i>must</i> be itemized. All PAC receipts <i>must</i> be itemized.	5. Type of Contribution or Other Receipt	6. Date of Receipt	AMOUNT				8. Cumulative for Year <small>(per contributor) (Monetary and In-kind)</small>	9. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. OR Major Business, Social or Political Interest represented by the PAC.		
			7a. Contribution by Check or Written Instrument	7b. Excess Over \$1,000 to be Transferred From County	7c. Other Receipts	7d. Income Tax Check-off (ITC) Receipts				
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <input type="checkbox"/> If intended for particular candidate - specify: _____									
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <input type="checkbox"/> If intended for particular candidate - specify: _____									
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <input type="checkbox"/> If intended for particular candidate - specify: _____									
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <input type="checkbox"/> If intended for particular candidate - specify: _____									
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <input type="checkbox"/> If intended for particular candidate - specify: _____									

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4. Name and Address from Whom Received. Receipts in excess of \$100 <i>must</i> be itemized. All PAC receipts <i>must</i> be itemized.	5. Describe In-Kind Contribution	6. Date of Receipt	Amount 7a. Value of In-Kind Contribution 7b. Excess over \$1,000 Transferred From County		8. Cumulative for Year (per contributor) (Monetary and In-kind)	9. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. OR Major Business, Social or Political Interest represented by the PAC.		

Subtotal This Page

(Only on last page of Schedule)

Total This Period

Enter the total of 7a and 7b on line 4a on Summary Page

006/E_S KENTUCKY REGISTRY OF ELECTION FINANCE 140 WALNUT STREET FRANKFORT, KENTUCKY 40601-3240 (502) 573-2226 / FAX (502) 573-5622 http://www.kref.ky.gov <div style="text-align: center;"> DISBURSEMENTS SCHEDULE 2 <small>DUPLICATE SCHEDULE AS NEEDED</small> </div>	1. Name of Committee:			3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year		
	2. KREF Filer #:					
4. Name, Address and <u>Occupation</u> of Person to Whom Paid. <small>(If over \$25.00, disbursement <i>must</i> be made by check.) Persons transporting voters to the polls <i>must</i> be paid by check and each payment <i>must</i> be itemized to include name, address and <u>occupation</u> to whom made.)</small>	5. Purpose (Be specific) <small>(\$25.00 or less, show purpose, date and amount.) Recipient of expenditure, if other than executive committee, <i>must</i> be listed.</small>	6. Date	Amount Disbursed			
			7a. General Funds	7b. Income Tax Check-Off Funds	7c. Administrative Funds	

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	2. KREF Filer #:			
4. Name and Address of Person or Entity to Whom In-kind Contribution was Made.	5. Description of In-kind Contribution. (Be specific)		6. Date	7. Value of In-kind Contribution

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		2. KREF Filer #:			
4. Date Activity or Event was Held	5. Name of Person or Entity Sponsoring Event and Address Where Activity was Held	6. Type of Fundraising Activity or Event. (Recipient, if other than executive committee, must be listed.)	7. Total Amount Received	8. Total Cost	

NOTE: Each fundraising activity or event must be listed separately. This schedule must be filed with the Election Finance Statement covering the period in which the fundraising activity or event took place, and is for informational purposes *only*. All receipts in excess of \$100 must be itemized on Schedule 1, and all other fundraiser receipts must be included in either unitemized, cash, anonymous, or in-kind receipts on the Summary Page. All costs incurred in connection with the fundraising activities or events *must* be included on Schedule 2, or as in-kind contributions on Schedule 1A.

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	2. KREF Filer #:						
4. Name and Mailing Address to Whom Debt is Owed.	5. Type of Obligation	6. Date Incurred	7. Original Amount	8. Prior Payment	9. Payment Made This Reporting Period	10. Outstanding Balance at Close of This Period	

Subtotal This page

(Only on last page of Schedule) Total This Period

NOTE: If you have debts or obligations, this schedule must be filed with every Finance Statement up to and including the period in which all debts are paid or otherwise satisfied.

Enter this total on line 5 "Total Debts and Obligations" on the Summary Page